

HORSE RIDING CLUBS ASSOCIATION OF VICTORIA INC.

CROSS COUNTRY COURSE ACCREDITATION

To be completed by Event Secretary for information of XC Course Accreditor

COURSE
ACCREDITOR:

*Thank you for accepting the appointment of
Cross Country Course Accreditor
at our forthcoming Horse Trials event.*

NAME OF CLUB:

VENUE ADDRESS:

EVENT:

EVENT DATE:

CLUB CONTACT DETAILS:

Name:

Address:

Phone No:

Fax:

Email:

Date course available
for 1st Inspection:

Note: Refer Appendix 3 CT/HT Rules for Accreditation Procedure.